

**“PASSING THE TORCH –
HUMAN RESOURCES STEWARDSHIP THROUGH STRATEGIC PLANNING”
Montana Human Resource Conference
Holiday Inn Grand Montana, Billings, MT
October 21 – 23, 2008**

VENDOR REGISTRATION FORM

Company Name	
Vendor Booth Contact Name	
Company Address	
City, State Zip	
Phone / Fax	
E-Mail Address	
Description of Services	
Each vendor organization will receive one paid registration for the conference.	
Name (conference attendee)	
Title	
Phone	
Address (if different from above)	
Additional registrants	\$225 per additional conference registrant
Name(s) of additional persons that will be staffing your booth and NOT registering for the conference.	

Equipment Needs at Exhibit Site (check those that apply):

____ Six Foot Table ____ Number of Chairs
 ____ Access to Electricity ____ Telephone Line Access (limited)
 ____ Other (please specify) _____

☐ Yes, I will be donating a door price(s) (less than \$50).

TAX IDENTIFICATION NUMBER: 81-0302402

Payment due by October 3, 2008 *(earlier returns are encouraged as space is allocated on a first come first serve basis)*

After October 10, 2008 cancellations will not be refunded.

Vendor Fee & One Paid Reg. \$285.00 Additional Registrants ____ @ \$225 = \$ ____ <div style="text-align: right;">Total \$ ____</div>	Return completed form with a check payable: to <u>HRPP HR Conference</u> Department of Administration Beth Strandberg, P.O. Box 200127, Room 125, Mitchell Building, Helena, MT 59620-0127
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Montana Human Resource Conference Use: Date Pmt Recd. ____ Check No. ____ Amount \$ ____ Confirm. Date ____
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